

CASH / CREDIT (Arogyasri)

[illegible]

PHYSIOTHERAPY

DRESSING : ☐ MINOR ☐ MEDIUM ☐ MAJOR ☐ SPECIAL

Date																		Total
No. of times																		

Date																		Total
No. of times																		

NEBULISATION

Date																		Total
Morning																		
Evening																		
Night																		

INVESTIGATIONS

Date	Investigation
29/3/24	Surgical probe

Date	Investigation

RADIOLOGY INVESTIGATIONS

Date	Investigation
29/3/24	chest x-ray, ECG

Date	Investigation

PROCEDURES

Procedure	No. of Times	Procedure	No. of Times
Intubation		Tracheostomy	
Ryle's Tube		Steam Inhalation	
Lumbar Puncture		ICD	
Cut Down		Fundus Evaluation	
Catheterisation		Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER

Date	From	To	Type of Accommodation	Time
29/3/24	ERL	to	H/W	10:30 AM
1/4/24	MLW	TO	OT	10 AM
1/4/24	OT	to	M/W	12 PM

DIET

OT Report 1/4/24

OT Utilization - 10:10 AM to 10:45 AM
G ARM - 10:30 AM to 10:40 AM

Transfer - 100%

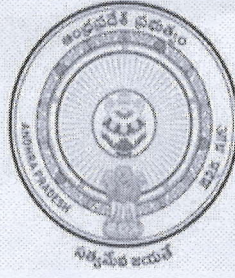
Name of Ward Secretary: P. Sandya
EMP. No.: 0091

Name of Staff Nurse: P. Vardhini
EMP. No.: 0090

B. Kusuma.

Med - 1235

Con - 594

**Dr. YSR Aarogyasri Health Care Trust****Dr. YSR Aarogyasri Health Care Trust**

D.No. 241, MGM Capital Building, Near NRI Junction, Beside Little Village Restaurant,
Beside Little Village Restaurant, Chinnakakani, Mangalagiri, Guntur District, Pin: 522508.
Phone No: 0863 - 2222802 / 2259861.

APPROVAL FOR CASHLESS FACILITY

Claim No. : APTRUST/EGI/2024/1/04391143

Date : 05/04/2024 11:36:41

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Shaik Shilar (the patient) on 29/03/2024 12:25:47 having Health/White/TAP/RAP card no. **WAP0489039B0175/01** and belonging to district **EAST GODAVARI**, suffering from **FRACTURE METACARPAL** having given consent for **Internal Fixation of Small Bones (S5.1.32)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **10000** and send the bills for the claim after the discharge.

Authorised Signatory

(Panel Doctor)

Panel Doctor

Name : Panel doctor (Dr. YSR Aarogyasri Health Care Trust)

Date: 29-Mar-2024 05:10 PM

Seal :